

**Stephen Pree**  
**3301 Buchanan Rd Unit 40**  
**Antioch, CA 94509**  
**510-388-6503**  
**Email: sbpree@yahoo.com**  
**Claim# 87101**  
**Amount: \$50,000**

**December 28, 2020**

**United States Bankruptcy Court,**  
**Northern District of California**  
**San Francisco Division**

**In re:**  
**PG&E Corporation and**  
**Pacific Gas and Electric Company**

**Bankruptcy case No. 19-30088(DM)**  
**Notice of the reorganized debtors forty-ninth omnibus**  
**objection to claims (untimely no liability/passthrough**  
**claims)**



Honorable Dennis Montali,

My name is Stephen Pree I'm a mail carrier for the United States Postal Service. I'm writing you on behalf of my claim mentioned above. The reason why the bankruptcy court should not sustain the Omnibus objection:

On December 13, 2018 at approximately 9:31am I had just finished delivery mail at 660 Moraga Rd. PG&E workers were repairing a damaged poll from an earlier car accident and the road was blocked. I was walking back to my vehicle in the designated area established by the workers.

As I was walking I was informed by one of the PG&E workers to hurry up and walk the designated path directly under the power line they were about to cut. Before I cleared the pathway the PG&E worker on the ground told the worker that was on the ladder to cut the power line. When he cut the power line it fell about



200ft and hit me on my head and left shoulder causing pain in my back and neck. After the power line hit me the PG&E worker who called for the line to be cut said I should've walked faster and I heard the workers laughing at me. Officer Kevin Mooney was a whiteness to this incident as his statement is attached.

Due to the pain I suffered due to this incident I had to leave work and go to the hospital emergency to get checked out. I was taken off of work for a week and had to go to therapy and see a chiropractor for about 8 1/2 weeks.

Judge Dennis Montali I believe I should be compensated for my pain and suffering I endured that day due to the deliberate negligence of the PG&E workers.

Respectfully,

A handwritten signature in black ink, appearing to read "S B Pree", written in a cursive style.

Stephen B. Pree





# Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation

Employee: Please complete all boxes 1 - 15 below. Do not complete shaded areas.  
Witness: Complete bottom section 16.

Employing Agency (Supervisor or Compensation Specialist): Complete shaded boxes a, b, and c.

## Employee Data

1. Name of employee (Last, First, Middle) <b>Free Stephen Bernard</b>				2. Social Security Number <b>564-29-4428</b>	
3. Date of birth Mo. Day Yr. <b>7 4 67</b>	4. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	5. Home telephone <b>(925) 755-9701</b>	6. Grade as of date of injury Level Step		
7. Employee's home mailing address (include street address, city, state, and ZIP code) <b>3301 Buchanan Rd</b>			8. Dependents <input checked="" type="checkbox"/> Wife, Husband <input type="checkbox"/> Children under 18 years <input type="checkbox"/> Other		
City <b>Antioch Ca</b>			ZIP Code <b>94509</b>		

## Description of Injury

9. Place where injury occurred (e.g. 2nd floor, Main Post Office Bldg., 12th & Pine) <b>Side walk in front 651 Moraga Rd</b>			
10. Date injury occurred Mo. Day Yr. <b>12-13-18</b>	Time <b>9:38</b> <input checked="" type="checkbox"/> a.m. <input type="checkbox"/> p.m.	11. Date of this notice Mo. Day Yr. <b>12-13-18</b>	12. Employee's occupation <b>Carrier</b>
13. Cause of injury (Describe what happened and why) <b>Power line P.G&amp;E</b>			

14. Nature of injury (identify both the injury and the part of the body, e.g., fracture of left leg) <b>Power line hit top of my head and Left</b>	a. Occupation code	b. Type code	c. Source code
			OWCP Use - NOI Code

## Employee Signature

15. I certify, under penalty of law, that the injury described above was sustained in performance of duty as an employee of the United States Government and that it was not caused by my willful misconduct, intent to injure myself or another person, nor by my intoxication. I hereby claim medical treatment, if needed, and the following, as checked below, while disabled for work:

- ☐ a. Continuation of regular pay (COP) not to exceed 45 days and compensation for wage loss if disability for work continues beyond 45 days. If my claim is denied, I understand that the continuation of my regular pay shall be charged to sick or annual leave, or be deemed an overpayment within the meaning of 5 USC 5584.
- ☒ b. Sick and/or Annual Leave

I hereby authorize any physician or hospital (or any other person institution, corporation, or government agency) to furnish any desired information to the U.S. Department of Labor, Office of Worker's Compensation Program (or to its official representative). This authorization also permits any official representative of the Office to examine and to copy any records concerning me.

Signature of employee or person acting on his/her behalf **[Signature]** Date **12-13-18**

Any person who knowingly makes any false statement, misrepresentation, concealment of fact or any other act of fraud to obtain compensation as provided by the FECA or who knowingly accepts compensation to which that person is not entitled is subject to civil or administrative remedies as well as felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Have your supervisor complete this receipt attached to this form and return it to you for your records.

## Witness Statement

16. Statement of witness (Describe what you saw, heard, or know about this injury) **I AM A MURACA POLICE OFFICER WHO WAS WORKING TRAFFIC CONTROL AT MORAGA RD AND ASHT DRIVE AFTER THE COLLISION. I SAW STEPHEN WALKING NORTHBOUND ON THE EAST SIDEWALK OF MORAGA RD. APPROXIMATELY 50 FT PAST THE POWER POLE WHEN PG&E CUT THE POWER LINE, WHICH THEN FELL ONTO STEPHEN'S LEFT SHOULDER/NECK AREA.**

Name of witness <b>KEVIN MOONEY</b>	Signature of witness <b>[Signature]</b>	Date signed <b>12-13-18</b>
Address <b>329 RATTEN BLVD</b>	City <b>MURACA</b>	ZIP Code <b>94556</b>





# MORAGA POLICE DEPT

329 RHEEM BLVD #1  
MORAGA, CA 94556  
(925) 888-7055

## INCIDENT REPORT

CASE NUMBER <b>18000936</b>	SUPPLEMENT NUMBER
CASE TYPE <b>TRAFFIC INCIDENT</b>	CAD EVENT NUMBER
REPORTING OFFICER <b>171 - DREYFUSS, MICHAEL</b>	REPORT DATE <b>12/13/2018</b>

### INCIDENT

LOCATION <b>ON MORAGA RD 264 FEET OF S ASCOT DR, MORAGA, CA 94556</b>		OCURRED	DATE	TIME	DAY
PREMISE NAME		ON OR FROM	<b>12/13/2018</b>	<b>08:26</b>	<b>THU</b>
JURISDICTION <b>MPD</b>		TO	<b>12/13/2018</b>	<b>08:26</b>	<b>THU</b>
DISTRICT <b>R3</b>	BEAT <b>1</b>	REPORTED	<b>12/13/2018</b>	<b>08:26</b>	<b>THU</b>

NATURE OF INCIDENT					
<input type="checkbox"/> ALCOHOL RELATED	<input type="checkbox"/> SENIOR CITIZEN	<input type="checkbox"/> HATE / BIAS	<input type="checkbox"/> ARSON	<input type="checkbox"/> CHILD ABUSE	
<input type="checkbox"/> GANG RELATED	<input type="checkbox"/> OFFICER ASSAULT	<input type="checkbox"/> DRUG RELATED	<input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> JUVENILE	

RELATED CASE NUMBERS
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### SYNOPSIS

On 12-13-18 at approximately 0826 hours, officers responded to the area of Moraga Rd. near Donald Dr. on a report of a single-vehicle collision rollover with airbag deployment. Upon arrival, officers noticed a vehicle that appeared to have been involved in a collision blocking the northbound and southbound #1 lanes of traffic on Moraga Rd. The vehicle appeared to have major damage and was stopped nearly perpendicular to traffic lanes. The driver was conscious and alert, but unable to communicate with officers and appeared confused and unaware of his surroundings. Due to this behavior, the driver may have been suffering from an unknown type of medical condition. After breaking the driver's windows, MOFD arrived and transported the driver to John Muir Hospital for further evaluation and treatment. There were no other vehicles involved and injuries to the driver were minor. The vehicle was later towed from the roadway.

### ADDITIONAL INFORMATION

<input type="checkbox"/> DUI	<input type="checkbox"/> USE OF FORCE	<input type="checkbox"/> SEXUAL ASSAULT
<input type="checkbox"/> AUTO BURGLARY	<input type="checkbox"/> ALARM	<input checked="" type="checkbox"/> INJURY ACCIDENT MINOR INJURY
<input type="checkbox"/> RESIDENTIAL BURGLARY	<input type="checkbox"/> JDP	<input type="checkbox"/> ST MARYS COLLEGE

### STATUS

CASE STATUS <b>CLOSED</b>	CASE STATUS DATE <b>12/13/2018</b>	DISPOSITION <b>INFO</b>	DISPOSITION DATE <b>12/13/2018</b>	APPROVAL <b>197 - KING, JON B</b>	APPROVAL DATE <b>12/19/2018</b>
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